FOUR WINDS MANOR 303 S JEFFERSON ST

VERONA 53593 Phone: (608) 845-6465 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/04): 68 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 71 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 62 Average Daily Census: 62

Services Provided to Non-Residents	Age, Gender, and Primary Di	2/31/04)	Length of Stay (12/31/04)						
Home Health Care	No	Primary Diagnosis	% Age Groups		%	Less Than 1 Year	53.2		
Supp. Home Care-Personal Care	No					1 - 4 Years	22.6		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	8.1	More Than 4 Years	24.2		
Day Services	No	Mental Illness (Org./Psy)	40.3	65 - 74	14.5				
Respite Care	No	Mental Illness (Other)	3.2	75 - 84	40.3		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	29.0	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	8.1	Full-Time Equivalent			
Congregate Meals No		Cancer 6.5				Nursing Staff per 100 Residents			
Home Delivered Meals	eals No Fractures		3.2	100.0		(12/31/04)			
Other Meals	No	Cardiovascular	17.7	65 & Over	91.9				
Transportation	No	Cerebrovascular	3.2			RNs	8.2		
Referral Service	No	Diabetes	3.2	Gender %		LPNs	13.3		
Other Services	No	Respiratory	8.1			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	11.3	Male	32.3	Aides, & Orderlies	45.3		
Mentally Ill	No			Female	67.7				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	3.4	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	4	100.0	269	27	93.1	136	0	0.0	0	29	100.0	175	0	0.0	0	0	0.0	0	60	96.8
Intermediate				1	3.4	113	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		29	100.0		0	0.0		29	100.0		0	0.0		0	0.0		62	100.0

FOUR WINDS MANOR

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.2	Bathing	4.8		77.4	17.7	62
Other Nursing Homes	4.3	Dressing	21.0		56.5	22.6	62
Acute Care Hospitals	76.8	Transferring	38.7		50.0	11.3	62
Psych. HospMR/DD Facilities	0.7	Toilet Use	35.5		50.0	14.5	62
Rehabilitation Hospitals	1.4	Eating	62.9		21.0	16.1	62
Other Locations	9.4	******	******	*****	******	*******	*****
Total Number of Admissions	138	Continence		ક	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.5	Receiving Resp	iratory Care	17.7
Private Home/No Home Health	7.1	Occ/Freq. Incontiner	nt of Bladder	48.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	27.1	Occ/Freq. Incontiner	nt of Bowel	29.0	Receiving Suct	ioning	0.0
Other Nursing Homes	6.4	į			Receiving Osto	my Care	3.2
Acute Care Hospitals	21.4	Mobility			Receiving Tube	Feeding	4.8
Psych. HospMR/DD Facilities	0.7	Physically Restraine	ed	4.8	Receiving Mech	anically Altered Diets	32.3
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	10.0	Skin Care			Other Resident C	haracteristics	
Deaths	27.1	With Pressure Sores		6.5	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		3.2	Medications		
(Including Deaths)	140	İ			Receiving Psyc	hoactive Drugs	87.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary		50	-99	Ski	lled	Al	1		
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities		
	ૄ	%	Ratio	%	Ratio	%	Ratio	ઇ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	87.3	88.5	0.99	89.0	0.98	90.5	0.97	88.8	0.98		
Current Residents from In-County	95.2	80.0	1.19	81.8	1.16	82.4	1.15	77.4	1.23		
-		17.8	1.22						1.12		
Admissions from In-County, Still Residing	21.7			19.0	1.14	20.0	1.09	19.4			
Admissions/Average Daily Census	222.6	184.7	1.20	161.4	1.38	156.2	1.43	146.5	1.52		
Discharges/Average Daily Census	225.8	188.6	1.20	163.4	1.38	158.4	1.43	148.0	1.53		
Discharges To Private Residence/Average Daily Census	77.4	86.2	0.90	78.6	0.98	72.4	1.07	66.9	1.16		
Residents Receiving Skilled Care	98.4	95.3	1.03	95.5	1.03	94.7	1.04	89.9	1.09		
Residents Aged 65 and Older	91.9	92.4	0.99	93.7	0.98	91.8	1.00	87.9	1.05		
Title 19 (Medicaid) Funded Residents	46.8	62.9	0.74	60.6	0.77	62.7	0.75	66.1	0.71		
Private Pay Funded Residents	46.8	20.3	2.31	26.1	1.79	23.3	2.01	20.6	2.28		
Developmentally Disabled Residents	1.6	0.9	1.82	1.0	1.56	1.1	1.44	6.0	0.27		
Mentally Ill Residents	43.5	31.7	1.38	34.4	1.27	37.3	1.17	33.6	1.30		
General Medical Service Residents	11.3	21.2	0.53	22.5	0.50	20.4	0.55	21.1	0.54		
Impaired ADL (Mean)	42.6	48.6	0.88	48.3	0.88	48.8	0.87	49.4	0.86		
Psychological Problems	87.1	56.4	1.55	60.5	1.44	59.4	1.47	57.7	1.51		
Nursing Care Required (Mean)	8.5	6.7	1.27	6.8	1.24	6.9	1.23	7.4	1.14		